

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE	
						APPLICANT/ATTY			
						CLAIMS			
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	NO.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL NO.	2						TOTAL NO.		
TOTAL DEP.	24						TOTAL DEP.		
TOTAL CLAIMS	20		88.47	89.47	90.47		TOTAL CLAIMS		

PTO-1246 (2-70)

DO NOT BE DEDUCT FOR ADDITIONAL CLAIMS OR ACCOMMODATIONS

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